

2000 UNIFORM BUSINESS REPORT (UBR)

0005153 AF

DOCUMENT # L99000002650

1. Entity Name
MEASURLOGIC, LLC

FILED *WL 3/21*
00 MAR -8 AM 10:26

Principal Place of Business

2929 EAST COMMERCIAL BOULEVARD, SUITE 410
FT. LAUDERDALE FL 33308

Mailing Address

2929 EAST COMMERCIAL BOULEVARD, SUITE 410
FT. LAUDERDALE FL 33308-4220

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2200 Chambers Rd., Unit J
Suite, Apt. #, etc.

3. Mailing Address

2200 Chambers Rd., Unit J
Suite, Apt. #, etc.

City & State
Aurora, Co. 80011

City & State
Aurora, Co. 80011

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip Country
USA

Zip Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARA EBERT CAMERON
2929 EAST COMMERCIAL BOULEVARD, SUITE 410
FT. LAUDERDALE FL 33308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME ☐ Delete
MGRM STRATFORD INTERNATIONAL, INC.
STREET ADDRESS 2929 EAST COMMERCIAL BOULEVARD, SUITE 410
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE NAME ☒ Change ☐ Addition
000003178710-4
-03/22/00--01003--020
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

John B. Stratford John B. Stratford, V.P. of Stratford International, Inc.
2/28/2000 303 364 4368

Date

Daytime Phone #

CR2E083 (9/99)